

IN THE DISTRICT COURT OF _____ COUNTY
STATE OF OKLAHOMA

| | | |
|-------------------------------|---|--|
| _____ Petitioner/plaintiff |) | |
| |) | |
| and |) | Case no: _____ |
| |) | OCSS FGN: _____ |
| _____ Respondent/defendant |) | (Oklahoma Child Support Services case number) |

Summary of Support Order

**Mail to: OCSS, Central Case Registry, P.O. Box 248843, Oklahoma City, OK
73124-8843 or fax to: (405) 522-8901**

This form must be completed and presented to the judge before the judge signs your order. The Oklahoma Child Support Services Central Case Registry needs this information to send child support payments. This form will **NOT** be put on file in the Courthouse. [43 O.S. § 120]

1. The judge made the following order: ☐ Temporary or ☐ Final on __/__/____ (date).
What kind of case was heard by the judge? ☐ Divorce; ☐ Paternity;
☐ Juvenile; ☐ Modification of earlier order; ☐ Enforcement of earlier order; or
☐ Other type of case, explain: _____

2. **Active Protective Order?** ☐ Yes ☐ No

3. The judge made the following support orders:

| | Amount | Payor | Begin date | End date |
|-----------------------|--------|-------|------------|----------|
| Child support | | | | |
| Cash medical | | | | |
| Fixed medical support | | | | |
| Spousal support | | | | |
| Arrearage payment | | | | |
| Other: _____ | | | | |
| Total: | | | | |

4. The judge ordered ☐ father, _____ (name),
or ☐ mother of the child(ren), _____ (name),
☐ to provide health insurance for the child(ren), OR
☐ cash medical support in lieu of insurance because health insurance is not
available at a reasonable cost. The judge said cash medical support should
be discontinued when the child(ren) is enrolled in health insurance at a
reasonable cost not to exceed \$_____.
5. Please fill in the boxes below about each child that the judge ordered support to be paid
for in this court order. If there are more than four children, please complete another form.
Federal law requires you to provide the information below. [42 U.S.C. § 666(a)(13)]

| Child's first name | Middle name | Last name | Date of birth | Male/female | Social Security number |
|--------------------|-------------|-----------|---------------|-------------|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

6. An income assignment is immediately ordered: ☐ Yes ☐ No

The employer of the person ordered to pay support is:

| | | | |
|------------------------------------|------|-----------|-------|
| Employer name | | Area code | Phone |
| Street or P.O. Box mailing address | City | State | Zip |

7. Additional information:

Obligor (The person ordered to pay support, the noncustodial parent):

| | | |
|------------------------------|-------------|-------------------------------|
| Date of birth | Male/Female | Social Security number |
| Daytime phone with area code | | Employer phone with area code |

Obligee (The person receiving support, the custodial person):

| | | |
|------------------------------|-------------|-------------------------------|
| Date of birth | Male/Female | Social Security number |
| Daytime phone with area code | | Employer phone with area code |

8. Mailing information: Enter the mailing address to receive mail, to serve orders, and for notices to come to court. [Address of record – 43 O.S. § 112A]

Obligor (The person ordered to pay support, the noncustodial parent):

| | | | |
|------------------------------------|------|-------|-----|
| Street or P.O. Box mailing address | City | State | Zip |
|------------------------------------|------|-------|-----|

Obligee (The person receiving support, the custodial person):

| | | | |
|------------------------------------|------|-------|-----|
| Street or P.O. Box mailing address | City | State | Zip |
|------------------------------------|------|-------|-----|

Should payments go to a different address for the Obligee? ☐ Yes ☐ No
If yes, enter here:

| | | | |
|------------------------------------|------|-------|-----|
| Street or P.O. Box mailing address | City | State | Zip |
|------------------------------------|------|-------|-----|

Date Prepared by Print name Area code and phone number